

# Application Form

## Capital Improvements Program

Council Policy requires that an application be submitted by May 1, 2007 to be considered for fiscal year 2008 funding. Each project must be submitted on a separate form. Before preparing the application, please read the preceding guidelines and application instructions. An acknowledgment will be sent to you indicating receipt of your application. If you haven't received this acknowledgment by June 1, 2007, contact the Council offices at 517/241-4011. Authorized by Executive Order 1991-21. Application must be typed.

applicant name & address

project/activity title (use the same title as in section 3)

### Application fee

Index 23000 Comp. Obj 1795

Applicants must provide a non-refundable fee of \$300 or three percent of the grant request, whichever is less. This fee is subject to legislative changes.

A check in the amount of the application fee must be returned with this application.

Make Check payable to:

**The State of Michigan.**

*Staple the check to this page*

Cash payment is not accepted.

### Enter grant request

\$ \_\_\_\_\_

### Multiply by 3%

\$ \_\_\_\_\_

### Application Fee

\$ \_\_\_\_\_

*(not to exceed \$300)*

For MCACA Staff use only

Control # 08 CI \_\_\_\_\_

received ☐ on time ☐ late

/ /

### Items received

- |                                   |                                |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> App form | <input type="checkbox"/> Att 1 |
| <input type="checkbox"/> Att 2    | <input type="checkbox"/> Att 3 |
| <input type="checkbox"/> Att 4    | <input type="checkbox"/> Att 5 |
| <input type="checkbox"/> Att 6    | <input type="checkbox"/> Att 7 |
| <input type="checkbox"/> Att 8    | <input type="checkbox"/> Att 9 |
| <input type="checkbox"/> Att 10   | <input type="checkbox"/>       |

### Envelopes

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> original                 | <input type="checkbox"/> copy 1 |
| <input type="checkbox"/> copy 2                   | <input type="checkbox"/> copy 3 |
| <input type="checkbox"/> documentation 1 (Att 10) |                                 |
| <input type="checkbox"/> documentation 2 (Att 10) |                                 |
| <input type="checkbox"/> documentation 3 (Att 10) |                                 |

## Section 1: Cover Page, Project Summary

Please limit your response to the space provided below.

## Cover Page, Project Financial Summary – Figures from Section 5, Project Budget

Cash match --from line 20

Total revenue --from line 19

Total expenses --from line 34

SECTION 2: APPLICANT INFORMATION			
Applicants legal name		telephone	
other common name		website (URL)	
official mailing address			
city, state & zip code		office hours	
authorizing official or board designee (cannot be same as proj. dir.)		title	
board chairperson		title	
address			
city, state & zip code		county name and code	
federal I.D. number	status code	institution code	
U.S. Representative		district number	
State Senator		district number	
State Representative		district number	
Applicant's primary discipline code	Grantee race code		

SECTION 3: PROJECT INFORMATION			
project director (contact person{cannot be same as auth. off.})		title	
address		city, state & zip code	
business telephone & hours		home telephone & hours	
fax number		email address	
project/activity title		start date	end date
activity's primary discipline code	project race/ethnicity code		
type of activity code	arts education code	project descriptor	
project primary county code(s) ---- enter all that apply			

## SECTION 4: SUMMARY INFORMATION

### Section 4a: Budget Summary (use the figures from Section 5; Projected Budget)

total earned revenue from line 4	total cash revenue from line 17	total cash expenses from line 32	
total unearned revenue from line 15	total in-kind support from line 18	total in-kind expenses from line 33	
cash match from line 20	total revenue from line 19	total expenses from line 34	Council request from line 16

### Section 4b: Project Participation Summary

(this information should represent your projections and estimates for the entire grant period)

Total number of Michigan artists participating	Total paid to Michigan artists
Total number of artists participating	Total paid to artists
Total number of individuals benefitting	Total number of youth benefitting
Total number of new hires	Total number of employees

### Section 4c: AMERICANS WITH DISABILITIES ACT (ADA) INFORMATION

Circle one

Are your facilities and PROGRAMS accessible to persons with disabilities? Y N

Are accessibility issues included in your organization's long range plans? Y N

Has an ADA evaluation of your organization's facilities and programs been conducted? Y N

If yes give date completed: \_\_\_\_\_

Are staff members informed and trained in access issues Y N

Please provide the name and title of the designated staff person responsible for ADA Compliance.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

## SECTION 5: PROJECTED BUDGET

The budget must balance. Total revenues (line 19) must equal total expenses (line 34) The amount of in-kind support (line 18) must equal in-kind expenses (line 33) Round all budget figures to the nearest whole dollar. Budget figures must be itemized in Attachment #2, including all payments to artists.

Applicant Name:			
<b>REVENUES-----Earned</b>		<b>CASH</b>	<b>IN-KIND</b>
1. Admissions			
2. Contracted services			
3. Other			
4. Total earned revenue	add lines 1,2 & 3. copy the total to Section 4a		
<b>REVENUES-----Unearned</b>			
5. Corporate support			
6. Foundation support			
7. Other private support			
8. Federal support			
9. Regional support			
10. Local government support			
11. Other unearned revenue			
12. Applicant cash			
13. Sub-total unearned revenue	add lines 5 -through- 12		
14. State support -not from Council			
15. Total unearned revenue	add lines 13 & 14. copy the total to Section 4a		
16. MCACA grant request amount	Copy to Section 4a		
17. Total cash revenue	add lines 4, 15 & 16. copy the total to Section 4a		
18. Total in-kind support -from line 33	Copy the total to Section 4a		
19. Total revenues	add lines 17 & 18. copy the total Section 4a		
20. Cash match	add lines 4 & 13. copy the total to Section 4a		

**SECTION 5: PROJECTED BUDGET continued**

Applicant Name:

EXPENSES	CASH	IN-KIND	MCACA dollars
21. Administrative employees			
22. Artistic employees			
23. Technical/production employees			
24. Artistic fees/services -non-employee			
25. Other fees/services - non-employee			
26. Space rental			
27. Travel			
28. Marketing, publicity & promotion			
29. Other expenses			
30. Capital expenses - acquisitions			
31. Capital expenses - other			
32. Total cash expenses    add lines 21 through 31. copy the total to Section 4a			
33. Total in-kind expenses    add lines 21 through 31. copy the total to line 18 and to Section 4a			
34. Total expenses                    add lines 32 & 33. copy the total to Section 4a			

**As part of Attachment #2** – provide a detail itemization / explanation for each figure in the budget, on both the revenue side and the expense side. Itemize each budget figure by identifying the individual dollar amounts, that when added together, equal the amount you reported in your projected budget.

You must indicate the source for revenue figures or the use for expense figures, for every itemized figure.

The itemized figure for payments to all artists must identify by name the artist, or groups of artists, who will be paid and their fee. (Instead of listing the names of artists, or group of artists', you may substitute the type and number of artists to be paid and their fees.) Be sure the total amount to be paid to artists is itemized.

The itemization must explain every dollar listed in the budget. Figures broken down in the itemization must match the figures entered on a particular budget line. The budget must be complete. The budget must be typed. The budget numbers must be rounded to the nearest whole dollar (do not include cents).

The budget must balance:    **Total cash revenues (line 17) must equal total cash expenses (line 32)**  
**Total in-kind support (line 18) must equal total in-kind expenses (line 33)**  
**Total revenues (line 19) must equal total expenses (line 34).**

The budget must be accurate and should contain no mathematical errors.

# Economic Assessment

The Michigan Council for Arts and Cultural Affairs is gathering measurable baseline information, from all fiscal year 2008 applicants and grant recipients, from which the economic “return on investment” in arts and cultural grants may be accurately assessed. A formal annual report of our findings, combined with other data, will be issued. It is the Council’s expectation this information will assist those making the case for the importance of continued investment in the arts and culture of our great state. Please carefully review and complete this form, providing accurate and realistic responses, to the very best of your ability.

3a) Please select the economic outcomes that you feel your project addresses.

- ☐ **Job Creation**    ☐ **Cultural Tourism**    ☐ **Capital Investment**    ☐ **Revenue Generation/Leveraging**  
☐ **Other** \_\_\_\_\_

3b) Key Predictors of Economic Outcomes

1: What is the amount of your projected FY 2008 payroll, with fringe benefits? \_\_\_\_\_

2: What is the total amount of this grant request going toward that payroll, include fringe benefits? \_\_\_\_\_

3: What is your organization’s total number of employees for FY 2008? \_\_\_\_\_

Year round: Full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_ Volunteers? \_\_\_\_\_

Seasonal: Full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_ Volunteers? \_\_\_\_\_

4: Estimate the number of new hires you will create for the entire organization. \_\_\_\_\_

a) How many of these will be generated specifically for this project? \_\_\_\_\_

b) For this project how many will be full-time? \_\_\_\_\_ b) how many part-time? \_\_\_\_\_

5: Will your organization lose, and not replace, current employees? ☐ yes ☐ no

If yes, how many? \_\_\_\_\_

6: How many tourist visits your organization annually? \_\_\_\_\_ For this project only? \_\_\_\_\_

(A tourist is defined as someone who drives 50 or more miles, one way, to reach your activity)

7: Does your organization track tourist’s overnight stays associated with your activities? ☐ yes ☐ no

If yes, how many overnight stays are you predicting for FY 2008? \_\_\_\_\_

8: Is your organization planning to make any capital investments in FY 2008? ☐ yes ☐ no

If yes, what is the projected amount? (\$) \_\_\_\_\_

9: **Below**, please list the other groups or organizations that your organization has collaborative agreements with, such as advertising, tours/visits, ticket discounts, parking, hotel/motel/B&B packages, restaurants etc.

Organization	Type of Collaboration
_____	_____
_____	_____
_____	_____
_____	_____

3C) Please attach a description (no more than one page) of how your project will address the outcomes you selected in 3a).

## SECTION 7: FORMS --- For Capital Projects Applicants Only

Michigan Department of History Arts and Libraries  
**Michigan Council for Arts and Cultural Affairs**  
P.O. Box 30706  
Lansing, MI 48909

### Capital Improvements Program CERTIFICATION OF MATCHING FUNDS Fiscal Year 2008

Amount of Grant Funds requested for fiscal year 2008:

Amount of matching funds for fiscal year 2008 (indicate the amounts, types, and sources of all matching funds)

	Source .....	Amount
<b>Local Funds</b>		
	Cash .....	\$ .....
	State Funds .....	\$ .....
	In-Kind .....	\$ .....
	Total .....	\$ .....
<b>Certification:</b> I do hereby certify that the above amount of local matching funds is accurate and represents the best estimate of funds which are currently, or will become available before the start of the grant, to the Capital Improvements Program for Fiscal Year 2006.		
_____ Name of Authorized Official (print or type)	_____ Title of Authorized official (print or type)	
_____ Signature of Authorized Official	_____ Date	
<b>Nonprofit, subgrantee information, if applicable:</b>		
_____ Name of Authorized Official (print or type)	_____ Title of Authorized official (print or type)	
_____ Signature of Authorized Official	_____ Date	

**NOTE: This form must be completed and signed by County, City, township, or village representative !!**

## SECTION 7: FORMS --- For Capital Projects Applicants Only

Michigan Department of History Arts and Libraries  
**Michigan Council for Arts and Cultural Affairs**  
P.O. Box 30706  
Lansing, MI 48909

Capital Improvements Program  
**CERTIFICATION OF OWNERSHIP / OPTION TO PURCHASE**  
Fiscal Year 2008

Project title															
Description of Real or Personal Property															
<div style="display: flex; justify-content: space-between;"><div>Project's Cost and Funding:</div><table border="1" style="border-collapse: collapse;"><thead><tr><th colspan="3" style="text-align: center;">USE OF FUNDS</th></tr><tr><th style="text-align: center;">Grant Funds</th><th style="text-align: center;">Local Funds</th><th style="text-align: center;">Total</th></tr></thead><tbody><tr><td style="text-align: center;">Purchase of real or Personal Property</td><td></td><td></td></tr><tr><td style="text-align: center;">Total Project Costs</td><td></td><td></td></tr></tbody></table></div>				USE OF FUNDS			Grant Funds	Local Funds	Total	Purchase of real or Personal Property			Total Project Costs		
USE OF FUNDS															
Grant Funds	Local Funds	Total													
Purchase of real or Personal Property															
Total Project Costs															
Option terms (if applicable)		Amount													
Time Period ..... From: _____ To: _____ \$ _____															
<p><b>Certification</b> I do hereby certify that (Applicant) owns or holds a written option to purchase the above property, that the property description and amounts are accurate, and that the property rights are free of restrictive covenants, liens or encumbrances which would prohibit the timely transfer of property essential to completion of the project above.</p> <div style="display: flex; justify-content: space-between; margin-top: 50px;"><div style="width: 45%; border-bottom: 1px solid black;"></div><div style="width: 45%; border-bottom: 1px solid black;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; border-bottom: 1px solid black;"></div><div style="width: 45%; border-bottom: 1px solid black;"></div></div>															



## SECTION 7: FORMS---For Capital Projects Applicants Only

Michigan Department of History Arts and Libraries  
**Michigan Council for Arts and Cultural Affairs**  
P.O. Box 30706  
Lansing, MI 48909

Capital Improvements Program  
**NON-PROFIT (SUBGRANTEE) ORGANIZATION INFORMATION**  
Fiscal Year 2008

**Instructions:** Provide the following information for each project being implemented by a Non-Profit Organization (subgrantees make copies of this form as needed.)

Name of Non-profit Organization	Date Founded	Number of members (if any)
Legal Status: <div><input type="checkbox"/> 501 (c) (2) <input type="checkbox"/> 501 (c) (3)</div> <div>Attach a copy of the IRS determination letter</div>		

Michigan Department of History Arts and Libraries  
**Michigan Council for Arts and Cultural Affairs**  
P.O. Box 30706  
Lansing, MI 48909  
**Capital Improvement Program**  
**Fiscal Year 2008**

**SAMPLE**

**RIDER A**

**Description of Project Activities / Work Schedule**

Date: \_\_\_\_ / \_\_\_\_ / 2007-08

Project Title Community Historical Museum Renovation		
Applicant: My Town, Michigan	Organization (if applicable) Mytown Museum	
Address 1 Mytown Museum Street		Zip Code 48888
Contact Person INEEDA GRANT	Title Manager	Telephone Number (555) 555-5555
Project begin date 11-30-0X	Project end date 9-30-200X	

List in Chronological / sequential order each major activity in project completion:

Activity Number	Activity	Begin Date	End Date
1	Architectural Engineering plan specifications	11-30-0x	1-1-200x
2	Prepare and distribute bids	1-2-200x	2-23-200x
3	Review bids 7 award contract	3-23-200x	4-7-200x
4	Roof museum	4-8-200x	5-24-200x
5	Install heating system	4-10-200x	5-31-200x
6	Renovate - repair-rehabilitate rest rooms	4-15-200x	6-15-200x
7	Complete interior rehabilitation	6-1-200x	6-31-200x
8	Inspections and Project complete		7-31-200x
9			
10			

Michigan Department of History, Arts and Libraries  
**Michigan Council for Arts and Cultural Affairs**  
P.O. Box 30706  
Lansing, MI 48909  
Capital Improvements Program  
Fiscal Year 2008

**RIDER A**  
Description of Project Activities / Work Schedule  
Date: \_\_\_\_\_

Project Title		
Applicant:	Organization (if applicable)	
Address		Zip Code
Contact Person	Title	Telephone Number
Project begin date (not prior to 10/01/07)	Project end date (not after 09/30/08)	

List in Chronological / sequential order each major activity in project completion:

Activity Number	Activity	Begin Date	End Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

## SECTION 8: ASSURANCES

A: The applicant has an established policy of equal opportunity without regard to race, color, religion, national origin, age, sex or disability. The applicant agrees to take steps necessary to correct any under-representation reported on the status report and achieve a reasonably representative work force at all levels of employment. The applicant has an established policy to provide equal opportunity on all programs, activities and services.

The applicant:

- 1 Agrees in all recruiting materials and advertisements to state that all job applicants will receive equal consideration for employment;
- 2 Agrees in all promotional materials and advertisements to state that all programs, activities and services will be provided equally; and
- 3 Agrees to post in conspicuous places, notices setting forth the law on equal opportunity in employment and public accommodations.

B: If the grant is awarded, the applicant gives assurances to the Michigan Council for Arts and Cultural Affairs, that the support funds will be administered by the applicant.

C: Any funds received under this grant shall not be used to supplant funds formally budgeted for same and that funds received will be used solely for the contracted activities.

D: The applicant has read and will conform to the Guidelines.

E: The filing of this application by the undersigned, officially authorized to represent the applicant organization has been duly approved by the governing board of the applicant organization.

☐ This application was approved by the governing board on \_\_\_\_\_

☐ This application is scheduled to be approved by the governing board on \_\_\_\_\_

☐ If the application has not yet been approved by your governing board, notify the Council of the action taken as soon as possible.

☐ If the notification of action by your governing board is not received prior to panel review, the application may not be recommended for funding.

### **Authorized Official: (Cannot be the Project Director)**

This signature assures the State of Michigan that the applicant will comply with the laws of the State of Michigan and all aspects of the Michigan Council for Arts and Cultural Affairs guidelines, including the prohibition on displays of sex acts, depictions of flag desecration, and displays of human wastes on religious symbols.

Name (typed) \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

## SECTION 9: ATTACHMENTS/CHECKLIST

All sections of the Application form must be completed. Check the boxes below to ensure that all sections of the form have been completed. Your original application and three copies (totaling 4) must be submitted to MCACA. **The deadline for application to the MCACA FY 2008 Capital Improvement Program is May 1, 2007.**

- |                                    |                       |
|------------------------------------|-----------------------|
| <input type="checkbox"/> Section 1 | Cover Page            |
| <input type="checkbox"/> Section 2 | Applicant Information |
| <input type="checkbox"/> Section 3 | Project Information   |
| <input type="checkbox"/> Section 4 | Summary Information   |
| <input type="checkbox"/> Section 5 | Projected Budget      |
| <input type="checkbox"/> Section 6 | Economic assessment   |
| <input type="checkbox"/> Section 7 | Required Forms        |
| <input type="checkbox"/> Section 8 | Assurances            |
| <input type="checkbox"/> Section 9 | Attachments/Checklist |

### ATTACHMENTS

Indicate which attachments are enclosed by checking the corresponding box. Each page of each attachment must be labeled and numbered on the top right corner as follows:

Attachment # \_\_\_\_\_, Page # \_\_\_\_\_, Organization \_\_\_\_\_

Four copies of Attachment #1 through #9, and three sets of Attachment #10 must be submitted.

#### Enclosures

- |   |  |
|---|--|
| <input type="checkbox"/> Attachment #1  | Narrative                                  |
| <input type="checkbox"/> Attachment #2  | Budget Itemizations                        |
| <input type="checkbox"/> Attachment #3  | Organizational History                     |
| <input type="checkbox"/> Attachment #4  | Proof of Tax Exempt Status                 |
| <input type="checkbox"/> Attachment #5  | List of Governing Board members            |
| <input type="checkbox"/> Attachment #6  | Project Director's Resume or Bio           |
| <input type="checkbox"/> Attachment #7  | Letters of Support (a minimum of three)    |
| <input type="checkbox"/> Attachment #8  | Resume(s) or Bio(s) of key decision makers |
| <input type="checkbox"/> Attachment #9  | Resume(s) or Bio(s) of key Artist(s)       |
| <input type="checkbox"/> Attachment #10 | Documentation                              |

### PACKAGING

Indicate that all application materials have been correctly packaged and labeled by checking the boxes below. Application materials should be placed in an envelope and labelled as follows.

- |  |  |  |  |   |
|--|--|--|--|---|
| <input type="checkbox"/> Envelope #1<br>"Original" | <input type="checkbox"/> Envelope #2<br>"Copy 1" | <input type="checkbox"/> Envelope #3<br>"Copy 2" | <input type="checkbox"/> Envelope #4<br>"Copy 3" |   |
| Application Form                                   | Application Form                                 | Application Form                                 | Application Form                                 | <input type="checkbox"/> Envelope #5<br>"Documentation" |
| Attachment #1                                      | Attachment #1                                    | Attachment #1                                    | Attachment #1                                    | Attachment #10  |
| Attachment #2                                      | Attachment #2                                    | Attachment #2                                    | Attachment #2                                    |   |
| Attachment #3                                      | Attachment #3                                    | Attachment #3                                    | Attachment #3                                    |   |
| Attachment #4                                      | Attachment #4                                    | Attachment #4                                    | Attachment #4                                    | <input type="checkbox"/> Envelope #6<br>"Documentation" |
| Attachment #5                                      | Attachment #5                                    | Attachment #5                                    | Attachment #5                                    | Attachment #10  |
| Attachment #6                                      | Attachment #6                                    | Attachment #6                                    | Attachment #6                                    |   |
| Attachment #7                                      | Attachment #7                                    | Attachment #7                                    | Attachment #7                                    |   |
| Attachment #8                                      | Attachment #8                                    | Attachment #8                                    | Attachment #8                                    |   |
| Attachment #9                                      | Attachment #9                                    | Attachment #9                                    | Attachment #9                                    | <input type="checkbox"/> Envelope #7<br>"Documentation" |
|  |  |  |  | Attachment #10  |

Application Fee

(Make check payable to State of Michigan)

**Staple your check to the front page of the application form and place in envelope number 1.**